FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

Expires: April 30, 2008
Estimated average burden
flours per response.....16.00

DEC 2 7 2007

SEC USE ONLY

Prefix Serial

DATE RECEIVED

OMB APPROVAL

OMB Number: 3235-0076

Name of Offering (check if t	his is an amendment and name has changed, and indicat	e change.)	
Series C-1 Preferred Stock in .			A ABBATO BRINI TRANS BROSE SAND ARBON ANTO BROSE MODELERS
Filing Under (Check box(es) tha	at apply): 🔲 Rule 504 🔲 Rule 505 🔀 Rule 506 🔲 S	Section 4(6) ULOE	
Type of Filing: New Filing]
	A. BASIC IDENTIFIC	CATION DATA	L COLUM COURT TOTAL CONTRACTOR CO
1. Enter the information request	ted about the issuer		07087601
Name of Issuer (check if this	s is an amendment and name has changed, and indicate of	hange.)	
Jingle Networks, Inc.		<u> </u>	
Address of Executive Offices	(Number and Street, City, State, Zip Code)	Telephone Number (incl	uding Area Code)
36 Crosby Drive		(781) 791-3444	
Bedford, MA 01730			······································
Address of Principal Business O	Operations (Number and Street, City, State, Zip Code)	Telephone Number (incl	uding Area Code)
(if different from Executive Offi	ices)		
Brief Description of Business		/ 0	ROCESSED
Telecommunications and inter	net information services.	M F	MUCESSED
Type of Business Organization		7 11	
□ corporation	☐limited partnership, already formed	MI	JAN 0 7 2008
		other (please specify):	JAN 0 1 2000
☐ business trust	☐ limited partnership, to be formed		THOMSON
	Month Year	_	
Actual or Estimated Date of Inco	orporation or Organization: 0 5 0 5] FINANCIAL
Jurisdiction of Incorporation or	Organization: (Enter two-letter U.S. Postal Service abbi	reviation for State:	
	CN for Canada: EN for other for	reign jurisdiction) DE	

GENERAL INSTRUCTIONS

Federal

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently alid OMB control number.

SEC 1972 (5/91)

- 2. Enter the information requested for the following:
 - X Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - X Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 - X Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i					
Goldman Sachs Investment Pa					
Business or Residence Addre					
c/o Goldman Sachs Investment	Strategies, LL				
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
LAP Jingle Holdings, LLC	(N1b	J. Carrette City, Carrette Zin	Codo		
Business or Residence Addre c/o The Associated Group, Thr	es (Number an ee Bala Plaza E	id Street, City, State, Zip East, Suite 502, Bala Cynw	vd, PA 19004		
Check Box(es) that Apply:	Promoter	⊠ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i					
IDG Ventures Atlantic II, L.P.			· · · · · · · · · · · · · · · · · · ·		
Business or Residence Addre	•	d Street, City, State, Zip	Code)		
One Exeter Plaza, Boston, MA					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i First Round Jingle LP	f individual)				
Business or Residence Addre	ss (Number an	d Street, City, State, Zip	Code)		
100 Four Falls Corporate Cent	er, Suite 104, V	Vest Conshohocken, PA 19			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Garrick, George	OI I	1.Cr. City Core 7:	C-1-)		
Business or Residence Addre c/o Jingle Networks, Inc. 129 C					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	■ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, i Kliger, Scott	f individual)				
Business or Residence Addre	ss (Number an	nd Street, City, State, Zip	Code)		
c/o Jingle Networks, Inc.,36 Cr					
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Roswech, John Business or Residence Addre	ec (Number an	od Street City State Zin	Code)	.	-
c/o Jingle Networks, Inc., 36 C					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Roberts, Brian			<u></u>		
Business or Residence Addre c/o Jingle Networks, Inc., 36 C			Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☐ Director	General and/or Managing Partner
Full Name (Last name first, i Kennedy, William	f individual)				
Business or Residence Addre	ss (Number ar	nd Street, City, State, Zin	Code)		-
c/o Jingle Networks, Inc., 8 No					
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, i Bronfin, Ken	f individual)				
Business or Residence Addre	ss (Number ar	nd Street, City, State, Zin	Code)	·	
c/o Jingle Networks, Inc., 36 C			-		

Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)			•	
Hazard, Chip					
Business or Residence Addr	ess (Number ar	id Street, City, State, Zip	Code)		
t/o Jingle Networks, Inc., 36	Crosby Drive, B	edford, MA 01730			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)	<u></u>			
Kopelman, Josh					
Business or Residence Addr	ess (Number ar	d Street, City, State, Zip	Code)		
c/o Jingle Networks, Inc., 36 (Crosby Drive, Be	dford, MA 01730			
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	if individual)		•		
Toth, Louis					
Business or Residence Addr	ess (Number ar	d Street, City, State, Zip	Code)	<u>-</u> ·	
c/o Jingle Networks, Inc., 36 (<u> Crosby Drive, Be</u>	dford, MA 01730			·
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Berkman, David					
Business or Residence Addr	ess (Number ar	d Street, City, State, Zip	Code)		<u> </u>
c/o Jingle Networks, Inc., 36 (Crosby Drive, Bo	dford, MA 01730			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	•••					B. INFO	<u>RMATIO</u>	N ABOU	FOFFER	IING			_		
1.	Has the	issuer sol	d, or does t	he issuer in	tend to sell,	to non-acc	redited inve	stors in thi	s offering?.				·······	Yes □	No
					A	Answer also	in Append	ix, Column	2, if filing	under ULO	E.				
2.	What is	s the minin	num investr	nent that w	ill be accep	ted from an	y individua	ıl?				********		\$ N/A	
3.	Does th	ne offering	permit join	t ownership	of a single	unit?						***************************************		Yes	No
														⊠	
4.	remune	ration for a	solicitation f a broker o	of purchase r dealer reg	ers in conne istered with	ction with s the SEC as	sales of second/or with a	urities in the	e offering. ites, list the	If a person name of th	to be listed e broker or	ission or sin is an associa dealer. If m broker or de	ited ore than		
Full t N/A	Name (La	ist name fi	rst, if indivi	idual)											
Busir	ess or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name	e of Asso	ciated Bro	ker or Deal	er											
State	s in Whic	h Person l	isted Has S	Solicited or	Intends to	Solicit Purc	hasers								
	(Check "	'All States'	or check i	ndividual S	tates)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	******			All States			
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO] [PA]		
	[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[tv] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[ОН] [WV]	[OK] [WI]	[OR] [WY]	[PR]		
			rst, if indiv				 								
Busir	ness or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	(ode)					-			
Name	e of Asso	ciated Bro	ker or Deal	ет											
State	s in Whic	h Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers								
(Che	ck "All S	tates" or cl	neck individ	lual States)								All States			
	[AL] (IL) [MT]	[AK] [IN] [NE]	[AZ] [IA] [NV]	[AR [KS] [NH]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	(FL) [MI] [OH) [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		
Full l	[RI] Name (La	[SC] ast name fi	[SD] rst, if indiv	[TN] idual)	[[]	_[01]	[41]	[٧٨]	[#//]	[** *]	. [**1]	["-1	[1.15]		
Busin	ness or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)								
Name	e of Asso	ciated Bro	ker or Deal	er											
State	s in Whic	h Person I	isted Has S	Solicited or	Intends to	Solicit Purc	hasers			-					
												All States			
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [W1]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]		

[NJ] [NM] [NY] [NC] [ND] [OH] [OK]

[TX] [UT] [VT] [VA] [WA] [WV] [WI]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\precedeta \) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Offering Amount Already Sold Type of Security Price \$ Debt \$ 12,989,000 \$12,989,000 Equity ☐ Common ☐ Preferred Convertible Securities (including warrants) Partnership Interests S \$ S Other (Specify)..... \$ 12,989,000 \$12,989,000 Total Answer also in Appendix, Column 3, if filing under ULOE. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Number Investors Aggregate Dollar Amount of Purchases \$ 12,989,000 Accredited Investors Non-accredited Investors S Total (for filings under Rule 504 only)..... \$ Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Type of Dollar Amount Type of offering Security Sold \$ Rule 505 \$ Regulation A \$ Rule 504..... \$ Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs..... \$ 50,000 X Legal Fees Accounting Fees Engineering Fees 5 S Sales Commissions (specify finders' fees separately)...... Other Expenses (identify)..... S \boxtimes \$50,000 Total

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	SE OF PROCEEDS	
4.	b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and to expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to tissuer."	tal he	\$ 12,939,000
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to t left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b. above.	he	
		Payments to Officers, Directors, & Affiliates	Payments To Others
	Salaries and fees	S	□ s
	Purchase of real estate		□ \$
	Purchase, rental or leasing and installation of machinery and equipment	s	□ \$
	Construction or leasing of plant buildings and facilities		□ \$
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	s	□s
	Repayment of indebtedness	s	□ \$
	Working capital	S	☑ \$ 12,939,000
	Other (specify):	□ s	□ \$
	Column Totals	S	☑ \$ 12,939,000
	Total Payments Listed (column totals added)	🛛 🖺 \$ 12,93	39,000
	D. FEDERAL SIGNATURE		
an u	issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is file indertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of accredited investor pursuant to paragraph (b)(2) of Rule 502.	ed under Rule 505, the following its staff, the information furnish	ng signature constitute hed by the issuer to ar
ls	suer (Print or Type) Signature	Date	
	ngle Networks, Inc.	December 2 , 2007	
	ame of Signer (Print or Type) Title of Signer (Print or Type) Chief Fingueial Officer		
	man Waharte [hiat kingneigl Dilicar		

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION

